

ADEQ

ARKANSAS
Department of Environmental Quality

April 6, 2012

Mr. David Richardson, Manager
City of Camden, Water Utilities
P.O. Drawer J
Camden, AR 71711

AFIN: 52-00073

NPDES Permit No.: AR0022365

Dear Mr. Richardson:

On 3/14/2012, I performed a routine compliance inspection of the City of Camden, Water Utilities facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. This inspection revealed the following violations:

- 1. The west clarifier was out of service at the time of the inspection. This is a violation of Part II.B.1a of the permit.**
- 2. The east clarifier had an oil leak from the gear box which was causing an oil sheen on the clarifier. This is a violation of Part III.B.1a of the permit.**
- 3. Best Management Practices (BMPs) as outlined in the facility's Storm Water Pollution Prevention Plan (SWPPP) were not being followed. Specifically, solid waste consisting of pallets, carpeting, and scrap were scattered behind the sludge plant. Excessive sludge tracking was also noted in sludge loading area. This is a violation of Part III.10.B7i of the permit.**

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Inspection Branch of this Department. This response should be mailed to the address at the bottom of the first page of the letter or e-mailed to Water-Enforcement-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by April 19, 2012.

For additional information you may contact the enforcement branch by telephone at 501-682-0639 or by fax at 501-682-0910.

If I can be of any assistance, please contact me at 870-862-0680.

Sincerely,



John W. Lamb
District 8 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch

 <p style="text-align: center;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460</p> <h2 style="text-align: center;">NPDES Compliance Inspection Report</h2>	Form Approved OMB No. 2040-0003
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Section A: National Data System Coding																													
Transaction Code			NPDES								Yr/Mo/Day				Inspec. Type		Inspector		Fac. Type										
1	N	2	5	3	A	R	0	0	2	2	3	6	5	11	12	1	2	0	3	1	4	17	18	C	19	S	20	1	
Remarks																													
Inspection Work Days						Facility Evaluation Rating				BI		QA		Reserved															
67						69	70	3	71	N	72	N	73			74	75												80

Section B: Facility Data					
Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>) City of Camden, Water Utilities 101 Ouachita 197 Camden, AR	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entry Time/Date 8:56 /3/14/2012</td> <td style="width:50%;">Permit Effective Date 11/1/2007</td> </tr> <tr> <td>Exit Time/Date 12:45 /3/14/2012</td> <td>Permit Expiration Date 10/31/2012</td> </tr> </table>	Entry Time/Date 8:56 /3/14/2012	Permit Effective Date 11/1/2007	Exit Time/Date 12:45 /3/14/2012	Permit Expiration Date 10/31/2012
Entry Time/Date 8:56 /3/14/2012	Permit Effective Date 11/1/2007				
Exit Time/Date 12:45 /3/14/2012	Permit Expiration Date 10/31/2012				
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Keith Ballard, Plant Superintendent/870-836-5190	Other Facility Data PDS #064938				
Name, Address of Responsible Official/Title/Phone and Fax Number David Richardson, Manager, 870-836-5190 City of Camden, Water Utilities P.O. Drawer J Camden, AR 71711	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				


Section C: Areas Evaluated During Inspection							
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)							
S	Permit	S	Flow Measurement	U	Operations & Maintenance	S	Sampling
S	Records/Reports	S	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
U	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	U	Storm Water		Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

The west clarifier was out of service at the time of the inspection.

The east clarifier had an oil leak from a gear box which was causing an oil sheen on the clarifier.

Best Management Practices (BMPs) as outlined in the facility's Storm Water Pollution Prevention Plan (SWPPP) were not being followed. Specifically, solid waste consisting of pallets, carpeting, and scrap were scattered behind the sludge plant. Excessive sludge tracking was also noted in sludge loading area.

Name(s) and Signature(s) of Inspector(s)  John W. Lamb	Agency/Office/Telephone/Fax Arkansas Department of Environmental Quality 3400 West. Hillsboro, El Dorado, AR 71730 870-862-0680/ Fax 870-862-3509	Date 05 April 2012
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA NE

DETAILS:

- | | |
|--|--|
| 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ALL DISCHARGES ARE PERMITTED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION B: RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT

S M U NA NE

DETAILS:

- | | |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. EXACT LOCATION(S) OF SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| d. ANALYTICAL METHODS AND TECHNIQUES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| e. RESULTS OF CALIBRATIONS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| f. RESULTS OF ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| g. DATES AND TIMES OF ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| h. NAME OF PERSON(S) PERFORMING ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

S M U NA NE

DETAILS:

- | | |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED: | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED: | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE: | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |

SECTION D: SAMPLING

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION E: FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>parshall flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION F: LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Environmental Services Inc., Bio-Analytical</u>	
b. LAB ADDRESS: <u>Little Rock, AR, Doyline, La</u>	
c. PARAMETERS PERFORMED: <u>metals, Bio-monitoring</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY

S M U NA NE

DETAILS:

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Slight	None	None	colorless	

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: S M U NA NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: S M U NA NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. SAMPLES OBTAINED THIS INSPECTION: Y N NA NE
2. TYPE OF SAMPLE: GRAB:___ COMPOSITE:___ METHOD:___ FREQUENCY:___
3. SAMPLES PRESERVED: Y N NA NE
4. FLOW PROPORTIONED SAMPLES OBTAINED: Y N NA NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: Y N NA NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: Y N NA NE
7. SAMPLE SPLIT WITH PERMITTEE: Y N NA NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: Y N NA NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: Y N NA NE

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. SWPPP UPDATED AS NEEDED: Y N NA NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: Y N NA NE
3. POLLUTION PREVENTION TEAM IDENTIFIED: Y N NA NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: Y N NA NE
5. LIST OF POTENTIAL POLLUTANT SOURCES: Y N NA NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: Y N NA NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: Y N NA NE
8. LIST OF STRUCTURAL BMPS: Y N NA NE
9. LIST OF NON-STRUCTURAL BMPS: Y N NA NE
10. BMPS PROPERLY OPERATED AND MAINTAINED: Y N NA NE
11. INSPECTIONS CONDUCTED AS REQUIRED: Y N NA NE

FLOW CALCULATION SHEET

Date:	03/14/2012	Time:	10:45	
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Head in Inches:	12.00	Feet:	1.0	
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Type & Size of Primary Flow Measurement Device: 12" parshall flume

Name & Model of Secondary Flow Measurement Device:	Passavant
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Date of last Calibration of Secondary Flow Device: 4-18-11

Recorded Flow at Date & Time Listed Above:	2.6 mgd	(Facility Flow Meter)
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Calculated Flow at Date & Time Listed Above:	2.585	
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(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

% Error =	$\frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}}$	X 100	
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% Error =	$\frac{2.585 - 2.6}{2.585}$	X 100	
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% Error =	0.5	%	
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Comments:	
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Water Division NPDES Photographic Evidence Sheet

Location: City of Camden, Water Utilities

Photographer: John W. Lamb **Witness:** None

Photo # 1 **Of** 7 **Date:** 3/14/2012 **Time:** 9:54

Description: East clarifier with oil leaking gear box



Photographer: John W. Lamb **Witness:** None

Photo # 2 **Of** 7 **Date:** 3/14/2012 **Time:** 9:54

Description: Oil sheen floating on east clarifier



Water Division NPDES Photographic Evidence Sheet

Location:	City of Camden, Water Utilities						
Photographer:	John W. Lamb			Witness:	None		
Photo #	3	Of	7	Date:	3/14/2012	Time:	9:59
Description:	West clarifier out of service						



Photographer:	John W. Lamb			Witness:	None		
Photo #	4	Of	7	Date:	3/14/2012	Time:	11:01
Description:	Solid waste stored onsite and not managed according to SWPPP						



Water Division NPDES Photographic Evidence Sheet							
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Location:	City of Camden, Water Utilities						
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Photographer:	John W. Lamb			Witness:	None		
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Photo #	5	Of	7	Date:	3/14/2012	Time:	11:01
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Description:	Solid waste stored onsite and not managed according to SWPPP						
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Photographer:	John W. Lamb			Witness:	None		
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Photo #	6	Of	7	Date:	3/14/2012	Time:	11:02
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Description:	Solid waste stored onsite and not managed according to SWPPP						
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Water Division NPDES Photographic Evidence Sheet

City of Camden, Water Utilities

Photographer:	John W. Lamb	Witness:	None
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7	Of	7		Date:	3/14/2012	Time:	11:04
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Description:	Tracking at sludge plant, BMPs not adequate
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Photographer:		Witness:	
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	Of			Date:		Time:	
--	-----------	--	--	--------------	--	--------------	--

Description:	
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Camden Water Utilities
P. O. Drawer J
Camden, AR 71711



Office 870-836-7331
FAX 870-836-5190

April 12, 2012

Water Division Enforcement Branch
Water Division Permits Branch
Arkansas Department of Environmental Quality
5301 North Shore Dr.
North Little Rock, AR 72118-5317

Re: Compliance Inspection Written Response (NPDES Permit #AR0022365)


Dear Enforcement Section:

The following is Camden Water Utilities response and corrective actions taken to correct the violations noted in Mr. Lamb's routine compliance inspection on March 14, 2012.

- Item #1- The west clarifier is having the walls coated and painted and should be back on-line in about 3 weeks.
- Item #2- The east clarifier will be going under a complete over-haul of the gear box being replaced and the walls being coated and repainted as soon as the west clarifier goes back on-line.
- Item #3- The pallets, carpeting, and scrap that was stored behind the plant has been removed. The excessive sludge tracking has been cleaned up and will be kept clean in the area. A drainage system is being installed in this area so this area shall be kept clean also. The drain will allow the water to go back into the head works of the plant to be treated.

If you have any questions concerning this written response of our violations, please feel free to contact me at 870-836-7331.

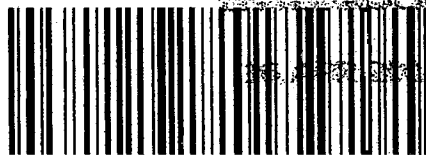
Sincerely,


David Richardson
Manager

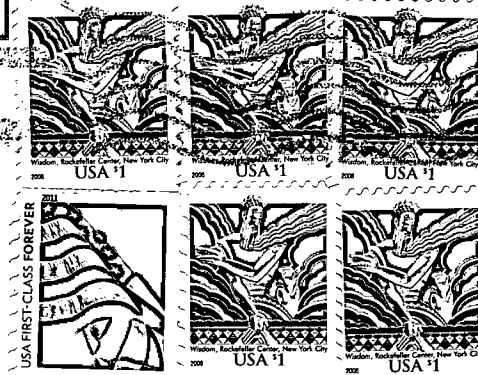


CAMDEN WATER UTILITIES
LOCK DRAWER J
CAMDEN, ARKANSAS 71711

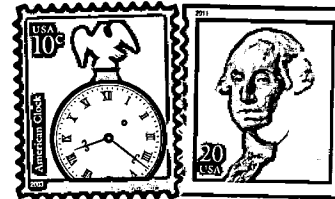
CERTIFIED MAIL™



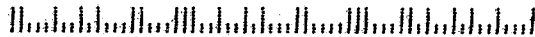
7008 0150 0003 2539 5305



Arkansas Department of Environmental Quality
Water Division Enforcement Branch
Water Division Permits Branch
5301 North Shore Drive
North Little Rock, AR 72118-5317



72118531799



ADEQ

ARKANSAS
Department of Environmental Quality

April 25th 2012

Mr. David Richardson, Manager
City of Camden Water Utilities
P.O. Drawer J
Camden AR 71711

AFIN: 52-00073

Permit No. AR0022365

RE: Response to Inspection

Dear Mr. Richardson:

I have reviewed the response pertaining to the March 14th 2012 inspection of the above referenced facility. The information provided appears to sufficiently address the violations referenced in the inspection report. At this time the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0631 or you may e-mail me at johnsonm@adeq.state.ar.us.

Sincerely,



Miles Johnson
Enforcement Branch
Water Division